

September 20, 1967

Dr. Orville G. Brim, Jr.  
Russell Sage Foundation  
230 Park Avenue  
New York, New York 10017

Dear Bert:

A couple of glimpses on the question of termination of care that came through during a visit I made to the University of Washington Medical School in Seattle last week.

1. A Dr. Lawes, having some connection with the A.M.A., told me that the A.M.A. was sponsoring a study of physician's reactions to death that would certainly overlap the concerns of our study.

2. A specific circumstance that seems to come up recurrently is the chronic alcoholic with advanced cirrhosis of the liver and uncontrolled bleeding from the esophageal veins. These people can be kept alive and conscious essentially indefinitely, provided that enormous quantities of blood are made continuously available. But it is just not to be had. The surgeons have their own standards for deciding whether or not to operate and often by simply refusing to accept such cases for heroic surgery, they pass the buck back to the internists. There is obviously a considerable element of moral and social class discrimination in these proceedings, it being impossible to mobilize all of the potential resources of the community for a skid-row bum.

3. I was kicking these general subjects around with a rather bright group of young house officers. There is considerable skepticism about getting reliable information from doctors in private practice as compared with those connected with academic institutions, but I don't think that this should stop us and anyhow we certainly ought to consider a pilot run. One of the more creative suggestions is a matter of medical operations research rather than sociological -- to try to get scales of estimated cost benefit ratios from actual experience with heroic life-saving measures.

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Another suggestion was to solicit more detailed documentation for examples of exceptional recoveries after the apparent deterioration of the usual vital signs. For example, one internist or neurologist claimed that he had heard of a patient having been revived after a prolonged flat EEG and to the extent that such antidotes are not thoroughly clarified they do pose an enormous burden on later practice.

Sincerely yours,

Joshua Lederberg,  
Professor of Genetics

JL:as